PTO/SB/06 (08-00)

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PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALLENTITY			OTHER T		
FOR			NUMBERFILED			NUMBER EXTRA			RATE	FEE		RATE	FEE	
(37	SIC FEE CFR 1.16(a))]		\$	OR	ļ	s <u>750</u>	
TOTAL CLAIMS (37 CFR 1.16(e))			4	minus 20)- °0] [x S=		OR	x \$ 18 =	0	
INDEPENDENT CLAIMS (37 CFR 1.16(b))			1	1 minus 3 =		0			×=		OR	x <u>84</u> =	0	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))									+=		OR	+ 0 =	0	
* If the difference in column 1 is less then zero, enter "0" in column 2								_	TOTAL		OR	TOTAL	750	
CLAIMS AS (Column 1)					MENDED - PART II (Column 2) (Column 3)				SMALL	ENTITY	OR	OTHER T SMALLE	. –	
AMENDMENT A	3/146=	REMA AFT	IMS LINING ER DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE	L	RATE	ADDI- TIONAL FEE	
	Total (37 CFR).16(c))	• 4		Minus	. 20		=	X-5_	s_=	1/	OR	x \$=		
	Independent (37 CFR 1.16(b))	• /		Minus	***	3	=	/ /,	·		OR OR	x =		
A	FIRST PRESENTATION OF MULTIPLE D				PENDENT CLAIM (37CFR 1.16(d))			11	· •		OR	+=		
	(column 1) (Colum					luma 2)	(Column 3)	ADI	TOTAL DIT. FEE		OR	TOTAL DDIT. FEE		
AMENDMENT B		CL/ REM/ AF	AIMS AINING FER DMENT		HIC NU PRE	GHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	•		Minus	••		=		\$ =		OR	x S =		
	independent (37 CFR 1.16(b))	•		Minus	***		=	1	=		OR OR	x =		
4	FIRST PRESENTATION OF M			IULTIPLE DEPENDENT CLAIM			(37 CFR 1.16(d)) +		=		OR	+=		
	(column 1) (Calumn 2) (Cal							ΑĎ	TOTAL DIT. FEE		OR AI	TOTAL ODIT. FEE		
AMENDMENT C	4 X X 22 C 1 \$ A	REMA AFT	AIMS AINING TER DMENT		NU PRE	THEST THEST TOUSEY TO FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total (J7 CFR 1.16(c))	•		Minus	••		=] x	s		OR	x S =		
ME	Independent (37 CFR 1.16(b))	•		Minus	***		e] [x	=		OR OR	x =		
₹,	FIRST PRESENTATION OF MULTIPLE DI				ENDEN	TCLAIM	(37CFR 1.16(d))][.	=		OR	+=		
[[the "Highest Nu	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Officer, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.